



Iowa Department of Human Services

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INFORMATIONAL LETTER NO.1583

DATE: December 15, 2015

TO: Iowa Medicaid Health Home (HH) Providers

FROM: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

RE: Tips and Tools for Fee- For- Service (FFS) - HH

EFFECTIVE: January 1, 2016

Health Home is a Medicaid program that supports qualified Medicaid providers in offering additional services for members with specific chronic conditions. The structure recognizes providers for care coordination activity and enhanced patient support to drive improved patient outcomes and (ultimately) cost savings that is shared with the Health Home provider in the form of a Per Member Per Month (PMPM) payment. Providers must meet certain standards and seek patient centered medical home (PCMH) recognition within 12 months of enrolling in the program. Further information on the [Health Home Program](#)¹ is found on the DHS website.

This Informational Letter addresses tips and tools for Medicaid members in the FFS population that are enrolled in a Health Home. Providers that enroll members assigned to a Managed Care Organization (MCO) would follow the MCO's processes.

Tips for Billing Health Home Services:

Beyond the usual FFS reimbursement, Health Home providers are eligible for a PMPM payment for each member enrolled in the Health Home.

The PMPM is a reflection of the enhanced coordination service to members based on an overall health assessment using guidelines that are published by the state. The [fee schedule and general information](#)² on billing the PMPM claim is found on the DHS website.

A common question from new Health Home providers is how to bill for the PMPM when more than four diagnosis codes are required on the claim. Some billing software systems will not accept more than four diagnosis codes on a single line. In this case, it is acceptable to bill the procedure S0280 on line one of the claim with the appropriate PMPM rate followed by additional lines showing a \$0.00 charge, which allows for the use of diagnosis pointers to indicate additional diagnosis codes. **Note:** the total PMPM charge will still pay correctly on line one of the claim, even though subsequent lines will deny.

¹ <http://dhs.iowa.gov/ime/providers/enrollment/healthhome>

² https://dhs.iowa.gov/sites/default/files/HealthHome_PMPMFeeSchedule2015.pdf

Tools for Health Home Providers:

To ensure that members can make it to medical appointments, the IME also supports a program for **non-emergency medical transportation** (NEMT) for those who are unable to secure their own, appropriate transportation. NEMT is handled through the vendor, TMS Management Group, Inc. (TMS). When TMS receives a transportation request, they verify eligibility and ensure the trip meets all other requirements. The service may include bus tokens, public transportation, volunteer services, or mileage reimbursement. TMS requires a 72 hour advance notice to approve and schedule trips. For more information regarding TMS please refer to the DHS [NEMT](#)³ web page.

The IME appreciates your continued partnership as we work to improve health outcomes. If you have any questions please contact the IME Provider Services Unit at 1-800-338-7909, or email at imeproviderservices@dhs.state.ia.us.

³ <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/nemt>